

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

3830

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)		2 Total pages filed: 3	
3 CANDIDATE/ OFFICEHOLDER NAME		TITLE FIRST MI NICKNAME LAST SUFFIX		OFFICE USE ONLY	
		Mr. Darrell L — Wilson —		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED FEB 9 4 37 PM '98 DATA PROCESSOR COUNTY CLERK TRAVIS COUNTY, TEXAS </div>	
4 CANDIDATE/ OFFICEHOLDER ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address 9721 Nightjar Drive Austin Tx 78748					
6 CAMPAIGN TREASURER NAME		TITLE FIRST MI NICKNAME LAST SUFFIX		Received HD / PM Amount Date Processed	
		Mr. Darrell L — Wilson —			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
		9721 Nightjar Drive Austin Tx 78748			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION			
		(512) 280-9210			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01 / 01 / 98 01 / 29 / 98			
10 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 / 10 / 98			
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
				Travis County Commissioner Act 3	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM COH
COVER SHEET PG 2

14 COH NAME

Darrell L Wilson

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NOREPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

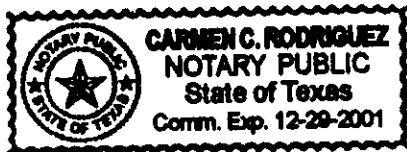
\$ 1,136.39

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP/SEAL ABOVE

Darrell Wilson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Darrell Wilson, this the 9th day of February, 19 98, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez *Carmen C. Rodriguez* *Notary*
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Darrell L Wilson

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/2/98

5 Payee name

Travis County Republican Party

6 Payee address;

City; State; Zip Code

1300 W. Koenig, Ste 103 Austin Tx 78756

7 Purpose of expenditure

Filing fee

8 Amount (\$)

\$ 1,000.00

Reimbursement from
political contributions
intended

Date

1/21/98

Payee name

Capitol Rubber Stamp

Payee address;

City; State; Zip Code

1912 S. Congress Ave. Austin Tx 78704

Purpose of expenditure

Badges

Amount (\$)

\$ 54.13

Reimbursement from
political contributions
intended

Date

1/23/98

Payee name

Kinkos

Payee address;

City; State; Zip Code

121 E. 6th Street Austin Tx 78701

Purpose of expenditure

Card stock

Amount (\$)

\$ 14.61

Reimbursement from
political contributions
intended

Date

1/24/98

Payee name

Kinkos

Payee address;

City; State; Zip Code

121 E. 6th Street Austin Tx 78701

Purpose of expenditure

Card + Paper Stock

Amount (\$)

\$ 40.59

Reimbursement from
political contributions
intended

Date

1/24/98

Payee name

Capitol Rubber Stamp

Payee address;

City; State; Zip Code

1912 E 6th Street Austin Tx 78704

Purpose of expenditure

Badges

Amount (\$)

27.06

Reimbursement from
political contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED